

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		APPLICANT(S) AMENDMENT		APPLICANT(S) AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6	1					
7		1				
8	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	57	←	←	←	←	←
TOTAL CLAIMS	10	33	33	33	33	33

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.			←	←	←	←
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS			33	33	33	33